APPENDIX A-4: XML Schema Layout for MassHealth Specific Measures (MAT 4, NEWB 1, CCM 1, CCM 2, CCM 3)

XML Element	Attributes	Description	Data Element	Valid Values	Data Types	Field Size	Data Required (MassHealth)
A header is required at the beginning of each XML file as follows: <?xml version="1.0" encoding="UTF-8" ?>							
<submission>	Opening tag is required.						
	type	Describes the setting for which data is being submitted.	N/A	HOSPITAL	Character	20	Yes
	data	Describes the type of data being submitted.	N/A	CLINICAL	Character	20	Yes
	version	The version of the file layout.	N/A	3.0	Character	20	Yes
	action-code	Describes the intended action of the file being submitted.	N/A	ADD	Character	20	Yes
<file-audit-data> sub-element of the submission data element	Opening tag for file audit data	Note: This tag and the entire <file-audit-data> section are optional in the XML document. If submitted, this tag contains no data. Required if sub-elements are included.					
<create-date> sub-element of the file audit data element		Each element must have a closing tag that is the same as the opening tag but with a forward slash. Example with data: <create-date>05-10-2007</create-date>					
	None	The month, day, and year the XML file was created	N/A	MM-DD-YYYY (Must be a valid date)	Date	10	Yes
<create-time> sub-element of the file audit data element		Each element must have a closing tag that is the same as the opening tag but with a forward slash. Example with data: <create-time>23:01</create-time>					
	None	The hour and minutes representing the time the file was created	N/A	HH:MM (military format with or without colon)	Time	5	Yes
<create-by> sub-element of the file audit data element		Each element must have a closing tag that is the same as the opening tag but with a forward slash. Example with data: <create-by>VendorA</create-by>					
	None	The entity that created the file	N/A		Character	50	Yes
<version> sub-element of the file audit data element		Each element must have a closing tag that is the same as the opening tag but with a forward slash. Example with data: <version>1.0</version>					
	None	The version of the file being submitted	N/A		Character	20	Yes
<create-by-tool> sub-element of the file audit data element		Each element must have a closing tag that is the same as the opening tag but with a forward slash. Example with data: <create-by-tool>CART4.1</create-by-tool>					
	None	Tool used to create the XML file	N/A		Character	50	Yes
</file-audit-data>	Closing tag for file audit data	Note: This tag and the entire <file-audit-data> section are optional in the XML document, but if the opening tag of <file-audit-data> is provided, then this closing tag is required as well.					
<provider> Sub-element of the submission data element	Opening tag for provider	Note: This tag is required in the XML document. However, it contains no data.					

APPENDIX A-4: XML Schema Layout for MassHealth Specific Measures (MAT 4, NEWB 1, CCM 1, CCM 2, CCM 3)

XML Element	Attributes	Description	Data Element	Valid Values	Data Types	Field Size	Data Required (MassHealth)
\<provider-id\> sub-element of the submission element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **\<provider-id\>**1234567890**\</provider-id\>**						
	None	Used to identify the provider. This will be either a valid 6-digit Medicare or 10-digit Medicaid provider ID.	Provider ID	Valid 6 or 10 digit ID	Character	10	Yes (Conditionally)
\<npi\> sub-element of the provider element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **\<npi\>**1234567890**\</npi\>**						
	None	National Provider Identifier as assigned by CMS **Please Note:** If the \<provider-id\> value is NOT provided then a valid \<npi\> number is REQUIRED.	National Provider Identifier (NPI)	Valid 10 digit NPI Number	Character	10	Yes (Conditionally)
\<hcoid\> sub-element of the provider element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **\<hcoid\>**123456**\</hcoid\>**						
	None	Used to identify the healthcare organization	Health Care Organization Identifier	See ORYX Technical Implementation Guide	See ORYX Technical Implementation Guide	See ORYX Technical Implementation Guide	No
\<patient\> sub-element of the provider element	Opening tag for patient	**Note**: This tag is required in the XML document. However, it contains no data.					
\<first-name\> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **\<first-name\>**John**\</first-name\>**						
	None	The patient's first name	First Name	Patient's First Name	Character	30	Yes
\<last-name\> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **\<last-name\>**Doe**\</last-name\>**						
	None	The patient's last name	Last Name	Patient's Last Name	Character	60	Yes
\<birthdate\> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **\<birthdate\>**08-06-1964**\</birthdate\>**						
	None	The month, day, and year the patient was born	Birthdate	MM-DD-YYYY (Must be a valid birthdate and cannot equal UTD)	Date	10	Yes
\<sex\> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **\<sex\>**M**\</sex\>**						
	None	The patient's sex	Sex	M,F,U	Character	1	Yes
\<race\> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **\<race\>**1**\</race\>**						
	None	Documentation of the patient's race	Race	1,2,3,4,5,7	Numeric	1	Yes

APPENDIX A-4: XML Schema Layout for MassHealth Specific Measures (MAT 4, NEWB 1, CCM 1, CCM 2, CCM 3)

XML Element	Attributes	Description	Data Element	Valid Values	Data Types	Field Size	Data Required (MassHealth)
\<ethnic\> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **\<ethnic\>Y\</ethnic\>**						
	None	Documentation that the patient is Hispanic/Latino/Spanish	Hispanic Indicator	Y,N	Character	1	Yes
\<episode-of-care\> sub-element of the patient element	Opening tag for episode of care	**Example with data:** **\<episode-of-care measure-set ="MAT-4"\>**					
	measure-set	The code for the measure set submitted.	Measure set	MAT-4 NEWB-1 CCM	Character	22	Yes
\<admit-date\> sub-element of the episode-of-care element	measure-set						
	None	The month, day, and year of admission for inpatient care	Admission Date	MM-DD-YYYY (Must be a valid date and cannot equal UTD)	Date	10	Yes
\<discharge-date\> sub-element of the episode-of-care element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **\<discharge-date\>**04-06-2007**\</discharge-date\>**						
	None	The month, day, and year the patient was discharged from acute care, left against medical advice, or expired during this stay.	Discharge Date	MM-DD-YYYY (Must be a valid date and cannot equal UTD)	Date	10	Yes
\<pthic\> sub-element of the episode-of-care element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data**: **\<pthic\>**123456789A**\</pthic\>**						
	None	HIC# of the patient The patient's Medicare health insurance claim number.	Patient HIC#	· No embedded dashes or spaces or special characters · Must have both alpha and numeric characters · Alpha characters must be upper case · Length cannot be more than 12 or less than 7 characters · For alphanumeric, do not allow all numeric values to be 9's. For example, do not allow 1 alpha + 999999999, etc.	Character	7-12	No

APPENDIX A-4: XML Schema Layout for MassHealth Specific Measures (MAT 4, NEWB 1, CCM 1, CCM 2, CCM 3)

XML Element	Attributes	Description	Data Element	Valid Values	Data Types	Field Size	Data Required (MassHealth)
<vendor-tracking-id> sub-element of the episode-of-care element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **<vendor-tracking-id>**123456789012**</vendor-tracking-id>**						
	None	Used by the vendor to identify the episode of care	Vendor Tracking ID	Up to 100 characters	Character	Up to 100	No
<patient-id> sub-element of the episode-of-care element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **<patient-id>**74185296374185296385**</patient-id>**						
	None	Identifier used to identify the patient at the hospital	**Patient Identifier**	Up to 40 characters	Character	Up to 40	Yes
<detail> sub-element of the episode-of-care element	Since this is the opening element, the closing tag for this element will be at the end of the record. Attributes describe the element and are included within the opening and closing <> **Example of Yes/No question (refer to Table A for valid answer codes):** For discharges 4/1/2007 and forward: **<detail** answer-code="Y" row-number="0" question-cd="ASPRNRXDIS"> **Example of multiple choice question (refer to Table A for valid answer codes):** **<detail** answer-code="3" row-number="0" question-cd="ANTIBIRCVD"> **Example of a user-entered code:** **<detail** answer-code="001.9" row-number="0" question-cd="OTHRDX#">					
	answer-code	ID number of the answer	Not a data element itself; each possible answer has its own unique ID	Refer to Table A for valid values	Character	20	Yes
	question-cd	The field name of the question	Not a data element itself; each data element is a question code	Refer to Table A for valid values	Character	20	Yes
	row-number	Used to group answers together for multi-row, multi-column answers	Not a data element itself; used for grouping answers only	0-75 Depending on the number of rows allowed per question. i.e. Antibiotic Name, Date, Time and Route would have rownumber 0 for the first antibiotic, 1 for the second antibiotic, and so on.	Integer	2	Yes Default to 0. For mulitiple answer options, add 1 to the row number for each additional answer

APPENDIX A-4: XML Schema Layout for MassHealth Specific Measures (MAT 4, NEWB 1, CCM 1, CCM 2, CCM 3)

XML Element	Attributes	Description	Data Element	Valid Values	Data Types	Field Size	Data Required (MassHealth)
\<answer-value\> Sub-element of detail	The answer value **Example:** \<answer-value\>No\</answer-value\>	The description of the answer-code	Not a data element itself; each answer has a value	Place the answer text here. Examples: Yes No Male Female 01-01-2006 **Note: All Dates in this field should be formatted as MM-DD-YYYY**	Character	2000	No

XML Element	Attributes	Description	Data Element	Valid Values	Data Types	Field Size	Data Required (MassHealth)
</detail>	Closing tag for detail	**Note:** This tag is required in the XML document. However, it contains no data.					
</episode-of-care>	Closing tag for episode of care	**Note:** This tag is required in the XML document. However, it contains no data.					
</patient>	Closing tag for patient	**Note:** This tag is required in the XML document. However, it contains no data.					
</provider>	Closing tag for provider	**Note:** This tag is required in the XML document. However, it contains no data.					
</submission>	Closing tag for submission	**Note:** This tag is required in the XML document. However, it contains no data.					
Retired Elements Effective (v12.0)							
<postal-code> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **<postal-code>**50266**</postal-code>**						
	None	The postal code of the patient's residence. For USA zip codes, the hyphen is implied. If the patient is determined to not have a permanent residence, then the patient is considered homeless.	Postal Code	(5 or 9 digit without hyphen, "HOMELESS", or Non-US)	Character	9	Yes

Appendix A-4: Table A for MassHealth Specific Measures (MAT 4, NEWB-1, and CCM 1, 2,3)

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code	Answer Value	Applicable Measure(s)
Admission to the NICU	Was the newborn admitted to the NICU at this hospital at any time during the hospitalization?						
	ADMNICU	Alpha	1	1	Y	Yes	NEWB-1
					N	No	
Advance Care Plan	Does the Transition Record include documentation of an Advance Care Plan?						
	ADVCAREPLN	Alpha	1	1	Y	Yes	CCM-2
					N	No	
Contact Information 24 hrs/ 7 days	Does the Transition Record include 24 hr/ 7 day Contact Information for questions, concerns, or emergencies related to the inpatient stay?						
	CONTINFOHRDY	Alpha	1	1	Y	Yes	CCM-2
					N	No	
Contact Information for Studies Pending at Discharge	Does the Transition Record include Contact Information for obtaining results of studies pending at discharge or documentation that there were no studies pending at discharge?						
	CONTINFOSTPEND	Alpha	1	1	Y	Yes	CCM-2
					N	No	
Current Medication List	Does the Transition Record include a Current Medication List or documentation of no medications?						
	MEDLIST	Alpha	1	1	Y	Yes	CCM-2
					N	No	
Discharge Diagnosis	Does the Transition Record include the Discharge Diagnosis?						
	PRINDXDC	Alpha	1	1	Y	Yes	CCM-2
					N	No	
Discharge Disposition	What was the patient's discharge disposition on the day of discharge?						
	DISCHGDISP	Alpha	1	1	1	Home	All Records
					2	Hospice - Home	
					3	Hospice - Health Care Facility	
					4	Acute Care Facility	
					5	Other Health Care Facility	
					6	Expired	
					7	Left Against Medical Advice/AMA	
					8	Not Documented or Unable to Determine (UTD)	
Exclusive Breast Milk Feeding	Is there documentation that the newborn was exclusively fed breast milk during the entire hospitalization?						
	EXBRSTFD	Alpha	1	1	Y	Yes	NEWB-1
					N	No	
Gestational Age	How many weeks of gestation were completed at the time of delivery?						
	GESTAGE	Alpha	3	1	In completed weeks; do not round up. Two digit number with no leading zero or "UTD".	In completed weeks; do not round up. Two digit number with no leading zero or "UTD".	MAT-4

Appendix A-4: Table A for MassHealth Specific Measures (MAT 4, NEWB-1, and CCM 1, 2,3)

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code	Answer Value	Applicable Measure(s)
ICD-10-CM Other Diagnosis Codes	What were the ICD-10-CM other diagnosis codes selected for this medical record?						
	OTHRDX#	Character	3-7	24	ICD-10-CM Diagnosis code, without decimal point or dot, upper or lower case	ICD-10-CM Diagnosis code, without decimal point or dot. Allows up to 24 rows	All Records with more than one Diagnosis Code
ICD-10-PCS Other Procedure Codes	What were the ICD-10-PCS code(s) selected as other procedure(s) for this record?						
	OTHRPX#	Character	3-7	24	ICD-10-PCS Procedure code, without decimal point or dot, upper or lower case	ICD-10-PCSProcedure code,without decimal point or dot Allows up to 24 rows	All Records with more than one Procedure Code
ICD-10-PCS Other Procedure Dates	What were the date(s) the other procedure(s) were performed?						
	OTHRPX#DT	Date	10	24	User Entered (MM-DD-YYYY)	User Entered (MM-DD-YYYY). Allows up to 24 rows	All Records with more than one Procedure Code
ICD-10-CM Principal Diagnosis Code	What was the ICD-10-CM code selected as the principal diagnosis for this record?						
	PRINDX	Character	3-7	1	ICD-10-CM Diagnosis code, without decimal point or dot , upper or lower case	ICD-10-CM Diagnosis code, without decimal point or dot	All Records
ICD-10-PCS Principal Procedure Code	What was the ICD-10-PCS code selected as the principal procedure for this record?						
	PRINPX	Character	3-7	1	ICD-10-PCS Procedure code, without decimal point or dot, upper or lower case	ICD-10-PCS Procedure code,without decimal point or dot	All records with a principal procedure
ICD-10-PCS Principal Procedure Date	What was the date the principal procedure was performed?						
	PRINPXDATE	Date	10	1	User Entered (MM-DD-YYYY)	User Entered (MM-DD-YYYY). All records with a principal procedure	All records with a principal procedure
MassHealth Member ID	What is the patient's MassHealth Member ID?						
	MHRIDNO	Alpha	20	1	All alpha characters must be upper case	All alpha characters must be upper case	All Records
Medical Procedures and Tests	Does the Transition Record include the Medical Procedure(s) and Test(s) and a Summary of Results?						
	PROCTEST	Alpha	1	1	Y	Yes	CCM-2
					N	No	

Appendix A-4: Table A for MassHealth Specific Measures (MAT 4, NEWB-1, and CCM 1, 2,3)

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code	Answer Value	Applicable Measure(s)
Patient Instructions	Does the Transition Record include Patient Instructions?						
	PATINSTR	Alpha	1	1	Y	Yes	CCM-2
					N	No	
Patient Refusal	Is there documentation in the medical record of patient refusal of transmission to the next site of care, physician, or other health care professional designated for follow-up care?						
	PATROT	Alpha	1	1	Y	Yes	CCM-3
					N	No	
Payer Source	What is the patient's primary source of Medicaid payment for care provided?						
	PMTSRCE	Alpha	1 to 3	1	103	MassHealth FFS Network, MassHealth Limited Plans	All Records
					103	Primary Care Clinician Management (PCCM) Plan	
					118	Medicaid Managed Care: Massachusetts Behavioral Health Partnership	
					147	Medicaid Managed Care: Other (not listed elsewhere)	
					288	HS	
					7	Medicaid Managed Care: Tufts Health Together Plan	
					311	Medicaid Other ACO	
					4	Fallon 365 Care	
					24	Be Healthy Partnership with Health New England	
					4	Berkshire Fallon Health Collaborative	
					288	Well Sense Community Alliance (former BMC Health Net Community Alliance)	
					288	Well Sense Mercy Alliance (former BMC Health Net Mercy Alliance)	
					288	Well Sense Signature Alliance (former BMC Health Net Signature Alliance)	
					288	Well Sense Southcoast Alliance (former BMC Health Net Southcoast Alliance)	
					320	Community Care Cooperative	
					322	MGB Healthcare Choice (former Partners Healthcare Choice)	
					323	Steward Health Choice	
					910	My Care Family - MGB Health Plan (former Allways Health Partners)	
					7	Tufts Health Together with Atrius Health	
					7	Tufts Health Together with BIDCO	
					7	Tufts Health Together with Boston Children's	
					7	Tufts Health Together with Cambridge Health Alliance	
					328	Tufts Medicine Care Plan (former Tufts Wellforce Care Plan)	
					103	Medicaid: Includes MassHealth FFS and MassHealth Limited	
					104	Medicaid: Primary Care Clinician (PCC) Plan	

Appendix A-4: Table A for MassHealth Specific Measures (MAT 4, NEWB-1, and CCM 1, 2,3)

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code	Answer Value	Applicable Measure(s)
					208	Medicaid Managed Care – Boston Medical Center HealthNet Plan	
					274,207	Medicaid Managed Care – Tufts Health Together Plan	
					118	Medicaid Mental Health & Substance Abuse Plan - Mass Behavioral Health Partnership	
					119	Medicaid Managed Care - Other (not listed elsewhere)	
					312	Medicaid: Fallon 365 Care (ACO)	
					313	Medicaid: Be Healthy Partnership with Health New England (ACO)	
					314	Medicaid: Berkshire Fallon Health Collaborative (ACO)	
					315	Medicaid: BMC HealthNet Plan Community Alliance (ACO)	
					316	Medicaid: BMC HealthNet Plan Mercy Alliance (ACO)	
					317	Medicaid: BMC HealthNet Plan Signature Alliance (ACO)	
					318	Medicaid: BMC HealthNet Plan Southcoast Alliance (ACO)	
					321	Medicaid: My Care Family with Allways Health Partners (ACO)	
					324	Medicaid: Tufts Health Together with Atrius Health (ACO)	
					325	Medicaid: Tufts Health Together with BIDCO (ACO)	
					326	Medicaid: Tufts Health Together with Boston Children's (ACO)	
					327	Medicaid: Tufts Health Together with CHA (ACO)	
					328	Medicaid: Wellforce Care Plan (ACO)	
					320	Medicaid: Community Care Cooperative (ACO)	
					322	Medicaid: Partners Healthcare Choice (ACO)	
					323	Medicaid: Steward Health Choice (ACO)	
					311	Medicaid: Other ACO	

Appendix A-4: Table A for MassHealth Specific Measures (MAT 4, NEWB-1, and CCM 1, 2,3)

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code	Answer Value	Applicable Measure(s)
Plan for Follow Up Care	Does the Transition Record include a Plan for Follow-Up Care related to inpatient stay OR documentation by a physician of no follow-up care required OR patient is a transfer to another site of care?						
	PLANFUP	Alpha	1	1	Y	Yes	CCM-2
					N	No	
Previous Live Births	Did the patient experience a live birth prior to the current hospitalization?						
	NUMPLB	Alpha	*1*	1	Y	Yes	MAT- 4
					N	No	
Primary Physician / Health Care Professional for Follow Up Care	Does the Transition Record include the name of the Primary Physician or other Health Care Professional or site designated for follow-up care?						
	PPFUP	Alpha	1	1	Y	Yes	CCM-2
					N	No	
Provider Name	What is the name of the provider of acute care inpatient services?						
	PROVNAME	Alpha	60	1	User Entered	User Entered	All Records
Race	What is the patient's self-reported race?						
	MHRACE	Alpha	2-6	1	R1	American Indian or Alaska Native	All Records
					R2	Asian	
					R3	Black/African American	
					R4	Native Hawaiian or Pacific Islander	
					R5	White	
					R9	Other Race	
					UNKNOW	Unknown	
Reason for Inpatient Admission	Does the Transition Record include the Reason for Inpatient Admission?						
	INPTADMREAS	Alpha	1	1	Y	Yes	CCM-2
					N	No	
Reconciled Medication List	Did the patient/caregiver receive a copy of the reconciled medication list at the time of discharge?						
	RECONMEDLIST	Alpha	1	1	Y	Yes	CCM-1
					N	No	
Studies Pending at Discharge	Does the Transition Record include documentation of Studies Pending at Discharge or that no studies were pending?						
	STUDPENDDC	Alpha	1	1	Y	Yes	CCM-2
					N	No	
Term Newborn	Is there documentation that the newborn was at term or >= 37 completed weeks of gestation at the time of birth?						
	TRMNB	Alphanumeric	1	1	1	Yes	NEWB-1
					2	No	
					3	UTD	
Transition Record	Did the patient/ caregiver(s) or next site of care for a transfer receive a transition record at the time of discharge?						
	TRREC	Alpha	1	1	Y	Yes	CCM-2
					N	No	
Transmission Date	What is the date documented in the medical record that the Transition Record was transmitted?						
	TRDATE	Date	10	1	User Entered Date (MM-DD-YYYY or UTD)	User Entered Date (MM-DD-YYYY or UTD)	CCM-3

Appendix A-4: Table A for MassHealth Specific Measures (MAT 4, NEWB-1, and CCM 1, 2,3)

Element Name	QUESTION/ Field Name	Data Type	Length	Occurrence	Answer Code	Answer Value	Applicable Measure(s)
Retired Elements Effective (v12.0)							
Born in this Facility	Was the newborn born in this facility?						
	BORNFAC	Alpha	1	1	Y	Yes	NEWB-2
					N	No	
Comfort Measures Only	Is there documentation for comfort measures only?						
	CMO	Alpha	1	1	Y	Yes	NEWB-2
					N	No	
DVT Prophylaxis for Cesarean Delivery	Was DVT prophylaxis administered to the patient prior to Cesarean delivery?						
	DVTP	Alpha	1	1	Y	Yes	MAT-5
					N	No	
Ethnicity	What is the patient's self-reported ethnicity?						
	ETHNICCODE	Alpha	6	1	Alpha 6 characters or numeric is 5 numbers with a hyphen after the 4th number (####-#) (see Table B)	Alpha 6 characters or numeric is 5 numbers with a hyphen after the 4th number (####-#) (see Table B)	All Records
Hospital Bill Number	What is the patient's hospital bill number?						
	HOSPBILL#	Alpha	20	1	Hospital internal billing number. This is a required field.	Hospital internal billing number. This is a required field.	All Records
Newborn Bilirubin Screening	Is there documentation the infant received a serum or transcutaneous bilirubin screen prior to discharge?						
	BILISCRN	Alpha	1	1	1	1-Yes	NEWB-2
					2	2- Parental Refusal	
					3	3- No or UTD	
Sample	Does this case represent part of a sample?						
	SAMPLE	Alpha	1	1	Y	Yes	Required minimum demographic- All Records
					N	No	

Appendix A-4: Table B for MassHealth Specific Measures (MAT 4, NEWB 1, and CCM 1, 2,3)

Question	Field Name	Valid Values	Value Descriptions
MH Race	MHRACE	R1	American Indian or Alaska Native
		R2	Asian
		R3	Black/African American
		R4	Native Hawaiian or Pacific Islander
		R5	White
		R9	Other Race
		UNKNOW	Unknown